

Missouri Department of Insurance

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Monday - Friday

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Consumer Hotline: 1-800-726-7390

Telecommunications Device for the Hearing Impaired: 573-526-4536

Web site: <http://insurance.mo.gov>

Other Resources

CLAIM Hotline (Community Leaders Assisting the Insured of Missouri)

Phone number: 1-800-726-7390

Web site: <http://www.primaris.org/beneficiaries>

Centers for Medicare & Medicaid Services

Phone number: 1-877-867-2323

Web site: <http://www.cms.hhs.gov>

U.S. Social Security Administration Office

Phone number: 1-800-638-6833

Web site: <http://www.ssa.gov>

Medicare

Phone number: 1-800-MEDICARE

Web site: <http://www.medicare.gov>

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Filling the gaps in Medicare coverage

The traditional Medicare program provides valuable coverage of health-care spending needs, but it still leaves uninsured areas that senior and disabled Missourians need to address.

Almost 290,000 Missourians in 2003 bought private Medicare supplement insurance, also known as Medigap plans, to fill these uninsured areas. More than a decade ago, Congress acted to simplify the rules for Medigap plans and allow easy cost comparisons, but eligible Missourians still have many choices to evaluate in selecting which of the 12 standard plans meets their needs.

This booklet provides information on benefits and pricing to help Missourians make the best possible Medigap selection. Your booklet has been personalized with special inserts on premium cost information that covers your age group.

Another 100,632 Missouri seniors and disabled persons in 2003 were enrolled in Medicare HMO plans, which usually provide benefits broad enough to eliminate the need to buy supplemental insurance. These plans, however, limit the freedom to select a health-care provider.

Finally, many lower-income Missourians may find Medigap policies priced beyond their means. Assistance through the Medicaid program may help free funds to buy Medigap coverage.

The Medicare Modernization Act

The traditional Medicare program was modified effective January 1, 2006, by the Medicare Modernization Act (MMA). Now, the elderly may receive coverage for prescription drugs in addition to the traditional Medicare coverage. Additional plan options K and L are also available. All medigap plans sold after January 1, 2006, will not offer prescription drug coverage. Consumers who were enrolled in a Medigap plan with prescription drug coverage prior to January 1, 2006, may elect to keep that coverage. However, if the consumer eventually joins Medicare Part D, a penalty may apply.

Consumers who enroll in the prescription drug coverage chose which Prescription Drug Plan (PDP) best meets their needs. Companies applied for licensure with the state and were approved by the federal government to provide your prescription drug coverage as a PDP. You can compare the PDPs in your area at <http://www.cms.hhs.gov/pdps/> or call your local Medicare office. If you do not enroll in the Medicare prescription coverage when first eligible, a penalty may apply when you do enroll.

Two new Medigap plans are now available: K and L. Both plans are high deductible plans providing catastrophic coverage at a premium lower than the traditional options. Options K and L require higher out-of-pocket limits than the traditional plans.

Missouri consumers who need assistance with the prescription premium may qualify for assistance through Medicare and/or Medicaid.

Medicare Supplement Insurance

Initial open enrollment

Qualified seniors age 65 and over or disabled Missourians have the right to buy **any** Medicare supplement policy (commonly called “Medi-gap”) during the first six months after they sign up for Medicare Part B coverage. Any new policy issued after Jan. 1, 2006, will not contain prescription drug coverage. You will need to enroll in Part D to obtain this coverage.

Annual open enrollment for current policyholders

Current policyholders *also* have the right to switch insurers each year, if they do so during the last month before or first month after their policy’s anniversary date. For example, if your policy expires June 30, you can buy a policy from a different insurer in June or July. To be safe, make your decision and complete the paperwork on switching insurers **BEFORE** your policy expires. Do not allow your Medigap coverage to entirely lapse.

Enrollees may only change to a *like* plan — for example, from Plan F at Insurer XYZ to Plan F at Insurer ABC.

This flexibility allows seniors and disabled Missourians to take advantage of price competition in the Medigap market and choose coverage with better service.

- To demonstrate that you qualify to change insurers, you are required to show only minimal proof. Simply produce a renewal notice (from your old insurer), invoice, the old policy OR other confirmation of policyholding for the agent or personnel with the new

company. If you are told that you do not qualify, contact the MDI Consumer Hotline at 1-800-726-7390 immediately.

Special rates for disabled Missourians

All persons under age 65, who have been approved for Social Security disability, also have the right to buy any Medigap policy for six months after they enroll in Part B Medicare, but the cost may differ from policies available to seniors. Insurers are allowed to charge disabled persons under age 65 slightly higher premiums for Medigap coverage.

Pricing information specifically for disabled Missourians under age 65 is available.

- When disabled Medicare policyholders turn 65, you again can exercise the rights of any 65-year-old first becoming eligible for Medicare. You may choose the plan of your choice from any insurer, and you will pay the same rates as other seniors.

Medigap Options

Plans A through J

You can choose from 12 standardized Medicare supplement policies. No matter what company you choose, the basic benefits of the 12 standardized plans are identical from company to company. This same information is included in each company’s sales materials. These standardized benefits allow you to make true cost comparisons.

The grids on pages 5 and 6 illustrate how benefit levels vary among the 12 plans.

All plans include the basic benefits:

1. Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
2. Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments.
3. Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible	Part B Deductible				Part B Deductible	
					Part B Excess 100%	Part B Excess 100%	Part B Excess 100%		Part B Excess 100%	Part B Excess 100%	Part B Excess 100%
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
								Basic Drugs (\$1,250 Limit)	Basic Drugs (\$1,250 Limit)	Extended Drugs (\$3,000 Limit)	Extended Drugs (\$3,000 Limit)
				Preventative Care NOT covered by Medicare						Preventative Care NOT Covered by Medicare	Preventative Care NOT Covered by Medicare

- Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year [\$1690] deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed [\$1690]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Medicare “Select” plans

A few Medigap policies are called “Select” plans. They require you to go to specific health care providers for covered services, but the benefits offered under Select plans A - J are the same as those in regular Medigap plans. The rates for these plans are usually lower than regular Medigap policies.

High-deductible F, J plans

Plans F and J now have high-deductible options. With the deductibles, you pay \$1,730 out of pocket for expenses before qualifying for the same benefits as regular Plans F and J, but have lower premiums. But any deductibles for the Plan J prescription drug benefit and either plan’s foreign travel emergency care do NOT count toward the \$1,730 out of pocket.

New Benefit Packages K & L

Plans K and L require cost sharing for Part A and B expenses at 50% and 75% respectively. Plan K has a \$4,000 out-of-pocket limit while Plan L has a \$2,000 out-of-pocket limit each year. These plans exclude the Part B deductible and the reasonable costs of the first 3 pints of blood. Since your cost sharing is higher under these plans, premiums will be more cost effective than the traditional plans.

- When considering these high-deductible plans, you **MUST** be able to afford the upfront \$1,730 deductible to gain the benefits of the policy and fully enjoy the savings on annual premium costs.

K	L
Basic Benefits	Basic Benefits
100% of Part A Hospitalization Co-insurance plus coverage for 365 days after Medicare benefit end	100% of Part A Hospitalization Co-insurance plus coverage for 365 days after Medicare benefit end
50% Hospice cost-sharing	75% Hospice cost-sharing
50% of Medicare-eligible expenses for the first 3 pints of blood	75% of Medicare-eligible expenses for the first 3 pints of blood
50% Part B Co-insurance, except 100% Co-insurance for Part B Preventative Services	75% Part B Co-insurance, except 100% Co-insurance for Part B Preventative Services
50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance
50% Part A Deductible	75% Part A Deductible

- Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits are at different levels.
- Plans K and L provide for different cost-sharing for items and services than Plans A - J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, co-insurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges”. You will be responsible for paying excess charges.
- The out-of-pocket annual limit will increase each year for inflation.

Prescription Drug Benefits

Medicare Part D

Realizing the financial impact of the cost of prescriptions for seniors, the federal government extended the traditional Medicare plan by adding prescription coverage. The coverage under Part D requires a \$250 deductible be met before benefits begin. Then prescriptions are paid at 75%, you are responsible for 25% copayment for expenses less than \$2,250. From \$2,250 through \$5,100, a “donut hole” exists where no coverage is available. You are responsible for the full cost of the prescriptions from \$2,250 through \$5,100. Beyond \$5,100, Medicare will pay 95%; you are responsible for a 5% copayment. There is no annual limit.

Missouri Rx

Before seniors choose one of the three Medigap plans with prescription drug benefits, they should consider whether the MoRx program meets their needs. The program targets lower-income seniors – individuals with annual income of less than \$12,000 and married couples with income less than \$17,000. They must have reached age 65 or older, live in Missouri for the past year, not participate in the Medicaid pharmacy benefit program, and not have “adequate prescription drug coverage.”

MoRx accepts applications each year between Jan. 1 and Feb. 28 for a benefit year that begins July 1. If you are just turning 65, you may apply during the 30 days before or after your birthday. Applications are available from area agencies on aging, local pharmacies and MoRx’s Web site at <http://www.dhss.mo.gov/MoSeniorRx> or by calling Missourians who are not eligible for Medicaid, but have low incomes, can enroll in government programs that will cover some Medicare-related costs and make those savings available to cover part of out-of-pocket Medigap insurance premiums. toll free 1-866-556-9316.

The Missouri legislature can change the benefits each year to keep MoRx spending within its budget.

Medigap insurance shopping tips

1. One policy is enough.

You do not need more than one policy at a time. If you already have a policy and want different benefits under a different plan, you can buy a new one, if the insurer approves you. (Annual open enrollment only allows choice of a different insurer for the same plan.)

Once you receive the new policy and you are certain it meets your needs, you should cancel the old policy. Please note you **will not** qualify for a premium refund. Be sure your new policy has taken effect before your old policy is canceled. If you switch to Medicare coverage with an HMO, you will lose your Medicare supplement policy.

2. Shop for benefits and price.

Check the benefits in each of the 12 plans. Every company must use the same letters (A through L) to label its policies. Plan A is always a company’s lowest-priced Medicare supplement policy. It contains basic benefits and must be sold by every company. Plans B through J add other benefits to fill different gaps in your Medicare coverage. Options K and L provide a medical savings account product for those that can afford the higher deductibles and enjoy good health. Few companies sell all policies. In the charts on company prices, costs are shown only for the plan or plans that a company offers.

3. Shop for service and stability

Contact the department's Consumer Hotline at 1-800-726-7390 to get information on complaints for each company selling such policies or learn about a company's financial health.

4. Use the basic buying guide.

The Guide to Health Insurance for People with Medicare was written by federal Medicare personnel and the National Association of Insurance Commissioners. It has excellent information about Medicare as well as health insurance. Any agent or company that offers to sell you Medicare supplement insurance **must** give you a copy of the guide.

- **Remember: CLAIM provides free health insurance counseling.** Contact CLAIM, a private service that counsels seniors on insurance. CLAIM services are available for senior and disabled Medicare beneficiaries and their families. CLAIM services are free — funded by the department with federal support. The CLAIM program maintains a toll-free number: 1-800-390-3330 (ext. 4).

Filling the gap for low-income seniors and disabled Missourians

Low-income Missourians may qualify for the joint state-federal Medicare Savings Program, which can provide valuable financial assistance and help offset the cost of buying Medigap coverage.

Missourians with *net* monthly incomes of less than \$798 for an individual and \$1,070 for a couple, after allowable expenses, may qualify for Medicaid, the joint federal-state program that covers virtually all medical costs including prescription drugs.* Individuals and couples who have income above these amounts may qualify for medicaid by spending down a portion of their income on medical expenses. They must have available resources less than \$1,000 for an individual and \$2,000 for a couple. These individuals do not need to buy Medigap insurance.

MissouriRx	Individual income of \$12,000 or below	Individual income of \$12,001-17,000
	OR Married income of \$17,000 or below	OR Married income of \$17,001-23,000
Enrollment fee	\$25	\$35
Deductible	\$250	\$500
Member payment (per prescription)	40%	40%
State benefit maximum	\$5,000	\$5,000

- The benefits are shown on an annual basis per member.
- Members are required to pay 40 percent of each formulary drug; if a generic drug is available and the member and physician choose the brand name drug, the member is required to pay the co-insurance amount on the generic drug plus the difference in cost between the brand and generic drugs.
- The enrollment fee is non-refundable.

Missourians who are not eligible for Medicaid, but have low incomes, can enroll in government programs that will cover some Medicare-related costs and make those savings available to cover part of out-of-pocket Medigap insurance premiums.

To be eligible, Missourians must meet the income criteria in the table and:

- Pay the Medicare Part A premium (except in the QMB program).
- Meet criteria on assets. The value of bank accounts, stocks, bonds and other assets must not exceed \$4,000 for an individual and \$6,000 for a couple. These limits do not include the value of your home, one car, burial plots, furniture and some life insurance.

The table below shows the Medicare Savings Programs available, the costs paid and the monthly income limits that apply. For further

assistance on eligibility and applications, contact the Division of Family Services office in your county.

**Individuals and couples with incomes above these levels may qualify for Medicaid by "spending down" part of their income on medical expenses. They must have available resources of less than \$1,000 for an individual and \$2,000 for a couple.*

Premium Information

Premium information inserted in this guide is based on statewide, average yearly rates (updated through the date shown on your insert). The actual rate for you may vary based on where you live. Most companies will allow you to pay premiums monthly.

- **REMEMBER:** If you pay annual premiums, most insurers will not refund your premium if you cancel coverage before the end of the policy year.

Medicare Savings Program benefits, income limits

Program name	Program will pay	Your monthly income limits in 2004
Qualified Medicare Beneficiary (QMB)	Medicare Part A and B premiums, deductibles and coinsurance	\$798 individual OR \$1070 couple
Specified low-income Medicare Beneficiary (SLMB)	Medicare Part B premiums	\$957 individual OR \$1,283 couple
Qualifying individual (QI-1)	Medicare Part B premiums	\$1,077 individual OR \$1,444 couple

- Premiums for all Medigap policies likely will increase each year to account for changes in Medicare benefits or increasing medical costs. If your insurer raises premiums for higher claim expenses, it must do so for all policies of your class in Missouri.

Headings in premium charts

Select

Plans marked with “YES” are Medigap plans. These plans limit the choice of health-care providers.

Rate method

Issue age Rating: If you first buy the policy at age 65, you will always pay the premium the company charges 65-year-old customers, no matter what your age. If you first buy the policy at age 70, you’ll always pay the 70-year-old rate. The premiums cannot increase simply because you are a year older; premiums can increase because of medical inflation.

No age or community rating: The premium is the same for all customers who buy this policy regardless of age.

Area

Some companies charge different rates based on where you live. If the “area” column has a “YES,” the company has two or more regional prices. The premiums shown are an average for all of Missouri.

Sex

Premiums shown in the charts are for women. A company with “YES” in the “sex” column has a different (usually higher) premium for men of the same age.

Comments

- 1.. Guaranteed issue. These companies issue policies regardless of health problems (pre-existing conditions)..
3. These companies have lower premiums for non-smokers.
4. Often you must join an association or organization to qualify for this group policy. Individuals outside the group are not eligible.
5. Direct response. These policies are marketed by direct mail rather than by agents.

Effective date

The company’s last rate change became effective on this date. The Department of Insurance generally will not allow a rate increase less than six months since the last increase. Most companies request an increase once a year.

- Generally speaking, the longer a company has gone without an increase, the more likely it will seek one soon. But the increase can not take effect until the next premium due date.

Pre-existing condition waiting periods

Companies may exclude coverage of your existing health conditions for up to six months on your *initial* policy after you turn 65, but not when you renew or when you switch insurers.

If you are replacing your Medicare supplement policy, your new policy or certificate cannot contain new waiting periods for those benefits covered by your old plan. However, you may have a waiting period on any new benefits you choose in the replacement plan. Check with your agent or MDI to see whether

new federal laws also exempt you from the waiting period when you buy your first Medigap policy.

Medigap consumer complaint index

With recent changes in Missouri's Medigap market, seniors and disabled residents have an easier time comparing the cost of benefits for the plans from company to company. The other major distinction between plans involves their level of consumer service.

The chart on the following page indicates how frequently consumers complained to the Department of Insurance about each Medigap insurer from 2002 to 2004. The results have been weighted to take into account the volume of business that an insurer conducts in Missouri. MDI encourages consumers to use the

complaint index as a “tiebreaker” in choosing an insurance policy — after carefully considering individual insurance needs, benefits, premium costs and other factors in your purchasing decision.

The index is based on all complaints received for the insurer's Medigap policies. The higher the index number, the worse the complaint record.

- **100 percent** means that the department received the normally expected number of complaints about that company.
- **99 percent or less** indicates the company was the subject of *less* than the normally expected number of complaints.
- **More than 100 percent** shows the department received *more* than the normally expected number of complaints about that company.

Missouri HMO premium, complaints & index

HMO Name	Complaints 2002-2004	Average Annual Premium 2003-2004	Market Share 2002-2004	Complaint Index
AET Health Care Plan Inc- <i>Withdrew</i>	8	\$370,817	0.0%	3,520
Aetna Health Inc	31	\$48,360,577	2.3%	105
Blue Cross & Blue Shield Of Kansas City	22	\$81,711,295	3.9%	44
CIGNA Healthcare Of Ohio Inc	13	\$9,363,878	0.4%	226
CIGNA Healthcare Of St Louis Inc	16	\$23,912,958	1.1%	109
Community Health Plan	22	\$58,814,589	2.8%	61
Coventry Health Care Of Kansas Inc	147	\$186,006,911	8.9%	129
COX Health Systems HMO Inc	29	\$34,663,811	1.7%	136
Firstguard Health Plan Inc	7	\$9,150,109	0.4%	125
Good Health HMO Inc DBA Blue-Care Inc	38	\$106,154,743	5.1%	58
Great-West Healthcare Of KS/MO Inc	2	\$3,632,677	0.2%	90
Group Health Plan Inc	215	\$375,667,456	17.9%	93
Healthlink HMO	4	\$4,082,414	0.2%	160
HMO Missouri Inc DBA Bluechoice	89	\$251,910,422	12.0%	58
Humana Health Plan Inc	43	\$87,491,136	4.2%	80
Kaiser Foundation Health Plan Of KC- <i>Withdrew</i>	2	.	.	N/A
Mercy Health Plan Of Missouri DBA Premier	127	\$292,094,378	13.9%	71
United Healthcare Of The Midwest Inc	471	\$524,592,790	25.0%	146
Total	1,286	\$2,097,980,961	100.0%	.

If you need complaint information on another insurer or type of insurance, contact the MDI Consumer Hotline at 1-800-726-7390 or our Web site at [http:// www.insurance.mo.gov](http://www.insurance.mo.gov).

Medicare Advantage: An alternative to Medigap policies

While buying a private insurance policy to supplement Medicare coverage is one option, seniors and disabled Missourians can join a Medicare instead. These health plans usually offer more benefits than the regular Medicare program and eliminate the need to buy a Medigap policy. The Medicare program, however, limits the members' choice of providers like physicians and hospitals.

You can enroll in Medicare coverage if:

- You are enrolled in Medicare Part B (and thus eligible for Part A).
- You live within the HMO's service area. Missouri's Medicare operates only in metropolitan Kansas City, St. Louis and southwest Missouri.
- You pay a monthly premium to Medicare Advantage *in addition to* the Part B premium.
- You coordinate all your care through a primary care physician in the HMO's network and obtain a referral from that doctor to any specialist. All care must come from physicians and health-care providers like hospitals within the HMO network except in emergencies.
- You must receive Part D from your HMO plan.
- You do not have end-stage renal disease when you enroll.

You can join the Medicare at any time for any reason as long as the HMO is accepting members. The plans must allow enrollment from Nov. 15 to Dec. 31, but most plans accept new members at other times. Some plans will limit the number of new members accepted during the November-December open enrollment period.

To join a plan, you should:

- Find out which ones are operating in your area. (See below.)
- Call or visit the plan and ask whether it accepts new members.
- Obtain, complete and submit the enrollment form.

You may later decide that the Medicare does not meet your needs. For example, these HMOs offer optional benefits like prescription drugs that they may drop; or the extra premium may grow too expensive. Seniors and disabled Missourians have the right to change HMO plans annually or return to the traditional Medicare program (at any time). In general, those who re-enroll in regular Medicare within a year have the right to buy a Medigap policy that provides the same or lesser benefits than the one they previously held.

If you stay in a Medicare plan for more than 12 months, you can re-enroll in traditional Medicare, but may lose your right to buy a Medigap policy. Call CLAIM (1-800-390-3330) or the Missouri Department of Insurance at 800-726-7390 for clarification of your open enrollment rights.

For 2006, Medicare Advantage plans are offered in greater Kansas City, St. Louis and southwest Missouri, subject to change Jan. 1 each year. Each fall, the federal Centers for Medicare and Medicaid Services will announce changes in the plans available. Go to www.cms.hhs.gov on the Internet for the most current information.

Kansas City Area HMOs

Coventry Health Care of Kansas, Inc.

Plan Name: Advantra

Service Area: Coventry Health Care of Kansas, Inc.

Phone Number: 1-800-460-4094

Humana Health Plan, Inc.

Plan Name: Humana Gold Plus

Service Area: Kansas City Area

Phone Number: 1-800-336-6702

Southwest Missouri HMOs

Mercy Health Plans, Inc.

Plan Name: St. Johns PremierPlus

Service Area: Southwest MO

Phone Number: 1-417-837-0266

United Healthcare of the Midwest, Inc.

Plan Name: UnitedHealthcare Medicare Complete

Service Area: Springfield, Missouri area

Phone Number: 1-800-480-6065

St. Louis Area HMOs

Group Health Plan, Inc.

Plan Name: Advantra PPO

Service Area: St. Louis MO Metro Area

Phone Number: 1-800-533-0362

Group Health Plan, Inc.

Plan Name: GHP Advantra

Service Area: St. Louis MO Metro area

Phone Number: 1-800-533-0362

Group Health Plan, Inc.

Plan Name: GHP Gold Advantage

Service Area: St. Louis MO Metro Area

Phone Number: 1-800-533-0362

Mercy Health Plans, Inc.

Plan Name: Premier Plus

Service Area: St. Louis Metro

Phone Number: 1-314-214-8040

United Healthcare Insurance Company, Inc.

Plan Name: UnitedHealthCare Medicare Complete
Choice (PPO)

Service Area: St. Louis area

Phone Number: 1-800-480-6065

United Healthcare of the Midwest, Inc.

Plan Name: UnitedHealthcare Medicare Complete

Service Area: St. Louis, Missouri

Phone Number: 1-800-480-6065

Medicare Supplement Issuers in Missouri

Company	Phone Number	Address	City	State	Zip
AMERICAN FAMILY MUTUAL INS CO	800-374-0008	6000 AMERICAN PKWY	MADISON	WI	53783-0001
AMERICAN PIONEER LIFE INS CO	800-538-1053	600 COURTLAND ST	ORLANDO	FL	32804
AMERICAN REPUBLIC INS CO	800-473-9227	PO BOX 1	DES MOINES	IA	50301
BANKERS LIFE & CASUALTY CO	800-541-2254	222 MERCHANDISE MART PLAZA	CHICAGO	IL	60654-2013
BLUE CROSS & BLUE SHIELD OF KC	800-875-3596	2301 MAIN ST.	KANSAS CITY	MO	64108
CELTIC LIFE INS CO	800-766-2525	PO BOX 44160	MADISON	WI	53744-4160
CENTRAL BENEFITS NATIONAL LIFE INS CO	800-333-5711	PO BOX 16526	COLUMBUS	OH	43216
CENTRAL RESERVE LIFE	800-456-7866	6201 JOHNSON DR	MISSION	KS	66201-9190
CENTRAL STATES HEALTH & LIFE CO	800-790-7055	PO BOX 34350	OMAHA	NE	68134-350
CHRISTIAN FIDELITY LIFE INS CO	972-937-4420	2001 BATES DR	WAXAHACHIE	TX	75167-4801
COMBINED INS CO OF AMERICA	800-544-5531	123 NORTH WACKER DR	CHICAGO	IL	60606
CONSECO DIRECT LIFE INS CO	215-928-8696	399 MARKET ST	PHILADELPHIA	PA	19181
CONSECO HEALTH INS CO	800-541-2254	222 MERCHANDISE MART PLAZA	CHICAGO	MO	60654-2013
CONTINENTAL GENERAL INS CO	402-397-3200	PO BOX 247007	OMAHA	NE	68124
CONTINENTAL LIFE INS CO	800-264-4000	PO BOX 1188	BRENTWOOD	TN	37024-1188
EQUITABLE LIFE & CASUALTY INS CO	800-352-5170	PO BOX 2460	SALT LAKE CITY	UT	84110-2460
GE LIFE & ANNUITY ASSUR CO	800-628-2238	4850 STREET RD	TREVOSE	PA	19049
GLOBE LIFE & ACCIDENT INS CO	800-801-6831	PO BOX 8080	MCKINNEY	TX	75070-8080
GOLDEN RULE INS CO	800-474-4467	7440 WOODLAND DR	INDIANAPOLIS	IN	46278-1719
GUARANTEE TRUST LIFE INS CO	800-338-7452	1275 MILWAUKEE AVE	GLENVIEW	IL	60025
HEALTHY ALLIANCE LIFE INS	800-643-9674	1831 CHESTNUT ST	ST LOUIS	MO	63103-2275
LINCOLN HERITAGE LIFE INS CO	800-438-7180	4343 EAST CAMELBACK RD	PHOENIX	AZ	85018
MEDICO LIFE	402-391-6900	1515 SOUTH 75TH ST	OMAHA	NE	68124

Company	Phone Number	Address	City	State	Zip
MID-WEST NATIONAL LIFE INS CO OF TN	888-797-7464	9290 W DODGE RD, STE 203	OMAHA	NE	68114
MUTUAL OF OMAHA	800-775-6000	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175
MUTUAL PROTECTIVE	402-391-6900	1515 SOUTH 75TH ST	OMAHA	NE	68124
NATIONAL STATES	800-868-6788	1930 CRAIG PARK COURT, STE 100	ST LOUIS	MO	63146
NEW ERA LIFE INS CO OF THE MIDWEST	800-552-7879	200 WESTLAKE PARK BLVD	HOUSTON	TX	77079
NORTH AMERICAN INS CO	800-627-4282	PO BOX 44160	MADISON	WI	53744-4160
OXFORD LIFE INS CO	800-624-4160	PO BOX 46518	MADISON	WI	53744-5618
PACIFICARE LIFE & HEALTH INS CO	800-555-1515	3100 WEST LAKE CENTER DR	SANTA ANA	CA	92704
PENNSYLVANIA LIFE INS CO	888-772-2299	600 COURTLAND ST	ORLANDO	FL	32804
PEOPLES BENEFIT LIFE INS CO	800-523-5626		VALLEY FORGE	PA	194963
PHYSICIANS LIFE INS CO	800-228-9100	2600 DODGE ST	OMAHA	NE	68131-2671
PROVIDENT AMERICAN LIFE AND HEALTH INS CO	800-456-7866 EXT 6584	PO BOX 29158	MISSION	KS	66201-9158
PYRAMID LIFE INS CO	800-777-1126	6201 JOHNSON DR	MISSION	KS	66202
RESERVE NATIONAL INS CO	800-654-9106	6100 N.W. GRAND BLVD	OKLAHOMA CITY	OK	73118
ROYAL NEIGHBORS OF AMERICA	877-815-8877	33 N. GARDEN AVE, STE 866	CLEARWATER	FL	33755
STANDARD LIFE & ACCIDENT INS CO	800-827-2524	ONE MOODY PLAZA - 17TH FL	GALVESTON	TX	77553
STATE FARM MUTUAL AUTOMOBILE INS	309-763-1000	ONE STATE FARM PLAZA	BLOOMINGTON	IL	61710
STATE MUTUAL INS CO	800-321-0102	33 N GARDEN AVE, STE 1100	CLEARWATER	FL	33755-6606
STERLING INVESTORS LIFE INS CO	877-604-5240	65 TECHNOLOGY WAY	ROME	GA	30162
STERLING LIFE INS CO	888-858-8544	PO BOX 5348	BELLINGHAM	WA	98227
THRIVENT FINANCIAL FOR LUTHERANS	800-225-5225	4221 N BALLARD RD	APPLETON	WI	54919-0001
TRANSAMERICA LIFE INS CO	800-233-4624	4333 EDGEWOOD RD N.E.	CEDAR RAPIDS	IA	52499

Company	Phone Number	Address	City	State	Zip
UNITED AMERICAN INS CO	800-331-2512	PO BOX 8080	MCKINNEY	TX	55402
UNITED COMMERCIAL TRAVELERS	800-848-0123	33 N GARDEN AVE, STE 1100	CLEARWATER	FL	33755-6606
UNITED HEALTHCARE INS CO [AARP]	800-523-5800	PO BOX 130	MONTGOMERYVILLE	PA	18936
UNITED NATIONAL LIFE INS CO	800-207-8050	PO BOX 7901	MT PROSPECT	IL	60056
UNITED TEACHER ASSOCIATES INS CO	512-451-2224	PO BOX 26580	AUSTIN	TX	78755-0580
UNITED WORLD LIFE INS CO	877-845-0892	3316 FARNAM ST	OMAHA	NE	68175
USAA LIFE INS CO	800-531-8000	9800 FREDERICKSBURG RD	SAN ANTONIO	TX	78288
WORLD INS CO	800-786-7557	PO BOX 3160	OMAHA	NE	68103-0160